

Appeal 2004



International Federation
of Red Cross and Red Crescent Societies

MONGOLIA

Appeal no. 01.69/2004

The International Federation's mission is to improve the lives of vulnerable people by mobilising the power of humanity. The Federation is the world's largest humanitarian organisation, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.

This document reflects a range of programmes and activities to be implemented in 2004, and the related funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products can be requested through the respective regional department. For further information concerning programmes or operations in this or other countries or regions, please also access the Federation website at <http://www.ifrc.org>

Programme title	2004 in CHF
Strengthening the National Society	
Health and Care	188,788
Disaster Management	383,687
Humanitarian Values	58,011
Organisational Development.	102,785
Representation, Management, and Implementation	235,519
Total	968,790¹

¹ USD 726,593 or EUR 620,026.

National Context

Landlocked between China and Russia, Mongolia, is comprised of 21 *aimags* (provinces) and one municipality. Mongolia traditionally experiences exceptionally harsh winter conditions. Over the past four years, however, conditions have been worse than usual due to the onset of *dzuds*. A dzud occurs when abnormally dry summers with minimal precipitation cause the extensive Mongolian grasslands to be reduced to near desert conditions offering few opportunities for forage for livestock during winter months. The loss of livestock because of *dzuds* in a country that has traditionally relied on herding has left more than ten thousand herding families with nothing after having lost their livestock and livelihood. An estimated eight million head of livestock were killed because of *dzud* conditions over the last four years. Herder families, many of whom had only recently returned to herding after losing their jobs in urban factories, have returned to the suburbs of Ulaanbaatar and urban areas of *soum* (districts) and *aimag* centres in abject poverty. In Mongolia, those people living in the urban areas are often more vulnerable to the effects of natural disasters than those living in the rural areas.

Positive developments resulting from Mongolia's transition since the early 1990s into a market economy have been accompanied by serious economic hardship for many of Mongolia's citizens, most notably extensive unemployment and attendant poverty. For those people who have lost their jobs there are few opportunities to retrain for other vocations. Many families are turning to a traditional pastoral lifestyle and competition for good grazing land amongst herder families with large numbers of livestock has become more intense.

Economic hardship is compounded by natural phenomena which adversely affect many families both in rural and urban communities. These include steppe and forest fire, flash flooding, landslip and rock fall, as well as a variety of communicable diseases such as bubonic plague, brucellosis, and foot and mouth disease, all of which are communicable to humans and animals. These common place problems have contributed to a severe decline in the living conditions of many herder families who may have already lost significant numbers of livestock through *dzud*.

Red Cross and Red Crescent Priorities

National Society Strategy and Programme Priorities

Since Mongolia's independence in 1990, the Mongolian Red Cross Society (MRCS) like many of the nation's institutions has undergone significant changes. The MRCS has used this period to reflect upon its needs, and aims to mobilise volunteers and develop effective and sustainable cooperation with government and non-government organisations working in the humanitarian field.

Over the past year, the MRCS has undertaken a considerable amount of work to map out its future strategy. One important part of this process has been the establishment of five working groups from within the organisation which were tasked with suggesting recommendations to help build the strategy. These working groups carried out a review of all available documentation. This included a number of studies sponsored by the Federation, including a large-scale vulnerability capacity assessment (VCA) carried out in the spring and summer of 2002 and an organisational review that was completed in early 2003. Much of this work was undertaken together with a consultant from the Academy of Management in Ulaanbaatar.

The result of these efforts has enabled the MRCS to develop its own version of *Strategy 2010*. The strategy stresses the need for the MRCS to focus on the society's core activities over the next ten years. The strategy was approved by the General Assembly of the MRCS and was further ratified by the fourth national conference of the MRCS held in Gobi-Altai in August 2003. Participants at this forum included representatives of the corps of MRCS volunteers, MRCS headquarters staff, chairmen of mid and primary level MRCS branches, and members of the managing board of the MRCS.

MRCS priorities for 2004 will focus on implementation of the recommendations of the change process, and five core areas namely; resource development both human and financial, disaster preparedness, health & care, capacity building of the branches, public image and cooperation. A key issue for MRCS is to improve

its capacity building both at national and local level. The development of staff and volunteers will be a primary focal point for MRCS to become a well-functioning national society. Funding of mid-level MRCS branches has also been identified as another primary issue. Due to limited income generation and fundraising activities, branches are not able to maintain financial solvency. The MRCS is seeking suitable income generation modalities for branches to adopt as a way to reach financial solvency and there have been proposals made to allow branches to run small enterprises in order to sustain branch activities. These priorities were included in the recommendations of the review team which visited Mongolia in the autumn of 2002, and in other documents. It is further hoped to develop greater cooperation with government organisations, non-government organisations, donors, and trading companies.

Priorities for Movement Support

Since 1999, the Federation has mainly focused on the MRCS's emergency relief activities. More recently however, the Federation's support has gradually developed from emergency relief to an integrated longer term development programme comprising long-term health and care, disaster preparedness, humanitarian values and organisational development programmes.

The priority for Movement support will be to assist the MRCS to move its strategy forward over the next three years. Given the vulnerability potential as well as the size of the country, the challenges are enormous. Although the MRCS is large in terms of geographical coverage and numbers of volunteers, it is lacking in capacity. A top priority is therefore to assist the MRCS to strengthen the primary and secondary level MRCS branches and build up capacities at national headquarters and – in the long term – within the entire network of *aimag* and *soum* branches, thus developing the society into a strong partner at home and abroad.

The Federation's aims are:

- to assist in building the management capacity and enhance the self-reliance of the MRCS, with expected results of improved management structures and systems, better trained and more skilled staff, better developed branches, improved financial management and expanded income generation; and,
- to support the MRCS in the development of programmes that are more responsive and focused on the needs of the most vulnerable, with the expected results of increased capacity, programmes designed to meet the needs of the most vulnerable, improvement in quality of monitoring and evaluation, and, further development of the organisational development, health and care and disaster management programmes.

Support and assistance for the MRCS will be provided by the Federation's country delegation, backed up by the regional delegation in Beijing and the regional service centre in Kuala Lumpur. Expertise from the Secretariat in Geneva will be requested when appropriate. Several PNS have also indicated their interest to support MRCS's development activities. These include the Australian, British, Finnish, German, Japanese, Netherlands, Norwegian and South Korean Red Cross. The details and modalities of their engagement in 2004 are at different levels of development, and the Federation will keep in close touch with these and other interested potential donors in order to ensure effective and coordinated support to MRCS. The ICRC continues to support the humanitarian values programme, in particular the promotion of international humanitarian law, both through funding and regular visits by the head of the ICRC regional delegation and its dissemination delegate. The relationship between the MRCS, the Federation and ICRC is very cordial.

Strengthening National Society

1. Health and Care

- **Social Care**
- **Health and First Aid**
- **HIV/AIDS**
- **Blood Donor Recruitment**

Social Care Project

Background

The social welfare system in Mongolia is gradually eroding, with services and facilities decreasing in quality and accessibility. This is especially significant for older people, disabled people, and single mothers who in the former economic system relied heavily on social welfare support. According to the Economist Intelligence Unit's latest statistics at the end of May 2003, 38,800 people were registered unemployed, of which 21,300 are women.

Although the expansion of the private sector is providing employment opportunities for some, the negative impact of Mongolia's economic transition has led to an overall increase in poverty and a decline in living conditions. The highest percentage of unemployed, are young people who have migrated from rural areas to the city. It is estimated that 32% of the population of Mongolia live in the capital city of Ulaanbaatar. Rural-urban migration has been spurred by a combination of harsh winters (*dzud*) that devastated livelihoods, especially for herders, in rural areas. According to statistics, the number of unregistered former herder families in Ulaanbaatar is over four thousand. Newly arrived impoverished herding families are unable to pay the registration fees to be recognised as citizens. Due to registration problems in the city, new settlers have no access to public social care services.

Most of Ulaanbaatar's migrants are unemployed, and have no access to formal health and social welfare services. There are no official surveys carried out at this time to assess the situation of migration, but some NGOs, for instance the Center for Human Rights and Development with support from UNDP Human Rights Group, are initiating collaboration with the Mongolian Red Cross to work in this field.

In 2003, the Chingeltei Red Cross Branch initiated a project 'How to register?' for people who have migrated. It includes a series of workshops conducted in cooperation with the State Registration Department and local authorities. This project demonstrates the importance of disseminating registration information in order to improve people's awareness of the issues and encourage government agencies to focus on this issue.

The social care project's strategy focuses on community-based social services. Lessons learned from the community-based care for the elderly project, which was piloted in 2000 – 2002, have resulted in social care services which emphasize active community participation and resource mobilisation, such as community-based voluntary services and outreach programmes.

Overall Goal

To improve the quality of lives of the most vulnerable people in Mongolia.

Project Objective

To improve health and psycho-social well being of the most vulnerable, and the people affected by internal migration through direct community-based welfare-related activities, referrals, advocacy and awareness-raising endeavors.

Health and Care Project 1: Social Care			
Expected Results	Indicators to measure results	Risks/Assumptions	Activities planned to meet results
At least 1,000 older, disabled and migrated people have access to government health and social welfare services through community-based welfare-related activities by volunteers and MRCS staff.	Improved access of older, disabled, poor and migrated people to government health and social welfare services through referrals.	Experienced MRCS Branch staff is available. Adequate volunteer management skills of branch staff.	-Day care centres' activities run by MRCS volunteers and staff. -Home visits by volunteers. -Support to volunteer activities, such as case management meetings of stakeholders and volunteers. Advocacy through media.
At least 1,000 people have improved knowledge about registration, rights, eligibility to services, how to advocate for and access services and support.	Enhanced knowledge of the beneficiaries, family/ community members and partners about registration rights, eligibility to services, how to advocate for and access services and support.	Lack of partnership. Lack of ownership of the Branch staff.	-Develop guidelines and carry out workshops based on Chingeltei Branch experience in 30 MRCS branches about <i>How to register?</i> . -Develop bulletins and pamphlets based on the outcomes from <i>How to register?</i> workshops. -Conduct monitoring visits of some MRCS branches.
Increased commitment of MRCS to focus on welfare-related Red Cross activities at the grass-roots level, and the integration of a community-based approach into the society's new strategies.	Increased understanding, commitment and ownership of senior management, MRCS staff and stakeholders to community-based approach. Knowledgeable and committed team of MRCS volunteers leading programme implementation.	Availability of participants Number of participants Report	-Organise meeting with senior management, programme managers, representatives of MRCS Branches, volunteers and stakeholders on Social Care Project's progress, -Fundraising campaign, and young people's participation in the social service- concert. -Better community mobilization, especially among MRCS volunteers to improve knowledge of community based movement among the different communities. -A replicable model for integration of vulnerable people into wider MRCS and other NGOs programmes.
Greater awareness about vulnerability among NGOs, governmental agencies and the media as a result of effective information dissemination and advocacy.	Increased commitment and ownership of senior management, MRCS staff and stakeholders to community-based approach. Improved knowledge and skill of youth on provision social care service.	Availability of funding.	-Develop articles, bulletins -Broadcast radio and TV promotions on voluntarism and participation in social development. -Social service trainings for the youth.

Health and First Aid Project

Background

Over the last ten years, the population has decreased by one percent per year, with an increase in the number of deaths caused by injury, poisoning or other external factors. Natural disasters, urban poverty, urbanization, poor health standards and a volatile economy are all contributing factors to the alarmingly high mortality rate in Mongolia. The Government of Mongolia has approved family group practices, and those practicing in the private health sector have taken effective measures to provide primary health care services, while the country's population is increasingly assuming greater responsibility for their own health and disease prevention. At the same time, however, public funding of education and health was reduced due to the government's financial difficulties.

The priority issues for health care in Mongolia are:

- To provide unified health care service to the community and individuals, in order to protect the health of target groups.
- To involve decision-makers, health personnel, research institutions and the community in the provision of health care services to target groups, and to develop efficient and sustainable cooperation of stakeholders.

MRCS has made the development of its Health and First Aid programmes a part of their core activities. In 1995, and with the support of the German Red Cross, Health and First Aid became an independent programme. Since then the programme has been run with financial support from the Federation. During the first half of 2003, all the activities of the programme were planned according to the policy and strategy of the the MRCS and the Federation. The goal, objectives and priorities were defined in relation to the country's socio-economic situation.

In order to provide efficient health care service based on the needs of the population the MRCS, with the support of the WHO, government organisations and NGOs is encouraging cooperation by initiating a "Let's Unite for Health" movement with these other agencies.

The City Council of Red Cross in Ulaanbaatar has added a new First Aid trainer position. The First Aid trainer will contribute to furthering first aid training both at the local and national level. The main achievement of the programme in 2003, was training seventeen trainers from regional Disaster Preparedness centres according to Federation standards. The trained trainers will go on to conduct "training of trainers" in the regions, and it is expected that by the first quarter of 2004 all the *aimags* will have their own First Aid trainer.

MRCS activities within the Health and First Aid Programme are integrated into the Society's other ongoing programmes. First aid training, for example, in cooperation with the Youth Red Cross Programme, and the Disaster Preparedness and Response Programme, is being provided to young people and children, and a "first aid team," which can be called upon during times of emergency, will be formed and trained.

The MRCS Health and First Aid Programme is in the process of being revised to reflect the outcome of the Society's VCA, the recommendations of the tenth General Assembly, Strategy 2010 of the MRCS, the Government of Mongolia's National Policy on Public Health, and, the recommendations of the Review Team.

Overall Goal

To alleviate vulnerability of population by providing health and first aid education

Project objective

To develop a health programme, to provide a community based health and first aid education to target groups, and provide favorable conditions to utilise experience gained.

Health and Care Project 2: Health and First Aid			
Expected results	Indicators to measure results	Risks/Assumptions	Activities planned to meet results
Community based health programme of the MRCS will be implemented in cooperation with other concerned organisations.	The number of organisations and people involved with activities.	Trained staff and volunteers remain with Red Cross. Communities' interest and willingness is maintained.	Strengthen health programme by conducting survey among the key actors working in health sector. Organise regular working group meetings. Conclude agreement with MoH linking national public health policy with MRCS law.
MRCS first aid volunteers are trained so by 2005 a greater percentage of the population will have access to health activities of the MRCS.	Regular and continuous first aid training conducted at branches. Number of trained volunteers.		Training activities include: first aid training of trainers in two regions, production of training materials, purchasing 15 first aid mannequins, and producing 1,000 copies of the First aid handbook for volunteers. Procure and distribute first aid kit according to the Federation standards for drivers. Organise exchange meeting with trainers trained in 2003. 400 first aid kits procured and distributed.
Decreased health vulnerability of population in three target <i>aimags</i> .			Conduct training of volunteers in three aimags in one region: Dornod, Dornogobi, and Orkhon.

Increased public awareness about first aid.	3,500 copies of newspaper will printed and distributed.		<p>Celebration of International First Aid Day. First Aid competition and training for youth and students.</p> <p>Publish health and first aid lesson in daily newspaper twice per month.</p> <p>“Green light – White line” first aid and traffic rule competition among children (in cooperation with traffic police).</p>
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HIV/AIDS project

Background

Currently, Mongolia has few confirmed cases of HIV. Health authorities, however, have classified Mongolia as being highly vulnerable to a possible massive epidemic of HIV/AIDS in the near future. The country however is ripe for the outbreak of a massive HIV/AIDS pandemic as fifty percent of Mongolia’s population is under 23 years old. Casual sex and high risk behaviour among youth and the lack of reproductive health care services among the younger generation have contributed to the high rate of sexually transmitted infections, and there are limited resources to test for HIV in rural areas. Finally, Mongolia borders China and Russia, where there is a high prevalence of HIV/AIDS.

In 2003, the MRCS, within the framework of the Australian Red Cross funded HIV/AIDS programme, focused on assessing the vulnerability of youth to sexually transmitted infections (STIs), using a participatory learning approach.

Overall Goal

To reduce the spread of HIV/AIDS and STIs, and improve the lives of people living with HIV/AIDS.

Project objective

To protect young people from HIV/AIDS and STIs by supporting MRCS branches in implementing an effective and efficient education/prevention programme.

Expected results

Health and Care Project 3: HIV/AIDS			
Expected Results	Indicators to measure results	Risks/ Assumptions	Activities planned to meet results
Three branches initiate HIV/AIDS prevention activities at community level.	Number of people participated Feedback from participants.	There will be no threat to service providers to delivery services at project areas	Conduct training for 15 youth MRCS leaders from selected 3 branches on initiating HIV/AIDS prevention activities among the youth (youth peer facilitators); for 35 youth MRCS leaders from the selected 3 branches on conducting peer education sessions in their communities /5 branches; for 750 youth from three branches on HIV/AIDS prevention; and fifteen young facilitators from three aimags.

Six hundred people have participated in MRCS peer education training.			Conducted six peer education workshops for 120 participants. Monitoring of Youth Peer Education (YPE) workshops at the branches.
Increased awareness of one third of the train passengers and young people living in railway stations and towns.	Knowledge of one third train passengers will be improved. Number of people participated Feedback from participants.		To organise a train campaign to pass on messages about HIV/AIDS prevention to the general public
Three thousand copies of the Information Education and Communication materials produced and distributed in Mongolia, Chinese and Kazakh languages.	Number of copies produced and distributed.		Produce Leaflets and posters.
Increased awareness of youth in Ulaanbaatar about discrimination of PLWHA and RC/RC movement.	Number of youth in Ulaanbaatar who are aware about discrimination of PLWHA, and RC/RC movement.		Organise awareness campaign about discrimination of PLWHA and Red Cross Movement.

Blood donor recruitment programme

Background

Mongolia has one National Blood Centre in Ulaanbaatar and 23 blood stations in *aimags*. All the blood is being collected by the Government and the MRCS is responsible for blood donor recruitment and retention. In 1994, Mongolia adopted policy of voluntary non-remunerated blood donation. However, it has been noted that monetary compensation has been offered in return for blood donations. This compensation is intended to cover the blood donor's food and drink. Currently, 70 per cent of all donors are voluntary donors and 30 per cent are replacement donors. The universal blood screening is mainly undertaken in Ulaanbaatar. There are no testing facilities available in rural areas at *soum* level (administrative division under *aimag*); hence the blood need in emergency situation is met by introducing a system of certified donors. This donor selection practice is based on the contract with the donor who has been tested in the *aimag* center previously that he/she will maintain proper lifestyle to meet donor requirements. In Mongolia, the prevalence of infections that can be transmitted through transfusion such as hepatitis B, C, syphilis and brucellosis in the general population is very high (hepatitis B- 15%, hepatitis C- 16%, syphilis- 2% and brucellosis- 4%). In this context, this practice of emergency blood supply from certified donors puts at risk those who are receiving blood without testing.

Annual blood collection accounts 20 000- 21000 units of blood, which is nearly 80 per cent of national need for blood and blood products. Another challenge for the blood donor recruitment programme is to increase the number of regular donors. At the moment, the ratio between first timers and regular donors is 70:30 and 40:60 in rural areas.

Blood Donor Recruitment Main objectives

Objective 1

- To improve the technical and managerial capacity of blood programme

Objective 2

- To increase awareness of the general population on VNRBD.

Health and Care Project 4: Safe Blood Programme			
Expected results	Indicators to measure results	Risks/Assumptions	Activities planned to meet results
22 branch health officers and 25 blood stations staff and 20 student volunteers are equipped with skills to use VNRBD manual	Number of participants, pre and post test results, workshop reports	Trained staff and volunteers remain with Red Cross.	Three x one-day workshops designed and implemented
Part 2 of VNRBD manual translated into Mongolian and distributed 400 copies.	Number of copies produced and distributed	Communities' interest and willingness is maintained.	Identify translator and printer Distribute translated material
Knowledge and skills of three health officers improved after attending Blood Colloquium.	Participants' post-colloquium reports		Two Health Officers from HQ and one from Blood Center attend Blood Colloquium in Beijing, April 2004
Blood donors clubs in six provinces continue outreach services. (UB City (three districts), Hybsogol, Dornod, Orkhan)	Increase in voluntary donations Decrease in deferrals		Branch RC Donor Clubs encourage community to donate blood, e.g. outreach events during blood donor week
Six additional provinces initiate blood donor club activities.	Increase in voluntary donations Decrease in deferrals		Establish selection criteria Solicit proposals from branches Select branches Initiate activities
Documentary entitled "Safe blood starts with me" broadcast on national TV twice per year	Programs broadcast according to schedule		Negotiate with national TV Schedule broadcast
Five-part documentary series covering the uses of blood and blood products and healthy blood donation produced and broadcast on national TV during September.	Programs broadcast according to schedule		Design and produce documentary Negotiate with national TV Schedule broadcast
IEC encouraging blood donation produced including phone cards, posters, leaflets and T-shirts.	Number of materials printed and distributed		Design, print, and distribute
Community outreach activities conducted during the blood donor week - third week of September	Increase in voluntary donations Decrease in deferrals		Implement special events in all 22 provinces, including UB city
Blood donations increased in remote areas of Mongolia.	Increase in voluntary donations Decrease in deferrals		Blood drives in Darkhan, Orkhan, Tuv, and Bagnor District of UB

2. Disaster Management

Background

Mongolia is a natural disaster prone country. Over the past four years, thousands of nomadic herding families have sustained devastating personal losses due to the combination of drought and heavy snowfall (known locally as *dzud*) which killed off eight million head of livestock. Population movement in Mongolia has increased significantly from county to urban areas over this period. Former herders are facing hardship in the countryside as well as in the urban areas of soum and aimag centers, including the suburbs of the capital.

The country also suffers small and large scale forest and steppe fires every year. These put lives at risk and cause significant financial losses. There is also a significant risk of earthquakes. Most urban areas of the country are in active earthquake zones where in the past earthquakes measuring between seven and eight on the Richter scale have struck.

One third of Mongolia's total population is living in the capital city and principal market area, Ulaanbaatar. The city is situated in an active earthquake zone. In 1998 Ulaanbaatar experienced a serious earthquake with a magnitude of five to six on the Richter scale. Although there were no casualties the quake caused extensive damage to buildings. Ulaanbaatar is also susceptible to disease owing to high population density.

Those living in Mongolia are also prone to flooding. As a result of flooding an average of 25-30 people die every year. In July and August of 2003 it rained heavily, and flooding occurred in Ulaanbaatar, Orkhon, Khubsgul, Gobi-Altai, Uvs, and Umnugobi aimags. Forty-two families were left without shelter, and 300 yurts were blown down. Twenty three thousand citizens from four districts of the capital city were affected, and 1,360 square meters of paved road was damaged.

As the complementary partner to the government in times of emergency, the Mongolian Red Cross Society in close cooperation with the Federation has launched four consecutive emergency appeals to assist *dzud* affected herders over the past four years.

Due to global climate change, the drought in summer, and freezing cold in winter the *dzud* phenomena is expected to occur every year in the future, it is therefore unlikely that there will be further appeals for emergency assistance. Instead, the MRCS will focus on disaster preparedness (DP) and risk awareness to cope effectively with *dzud*. The society will improve the capacity of the Regional Disaster Preparedness Centres, and empower herders with livelihood skills and animal husbandry best practice. The MRCS will also conduct activities to support vulnerable groups in urban areas such as Ulaanbaatar.

MRCS when expanding its disaster management programme, will integrate it into the society's other programmes. This will achieve a measurable success in disaster preparedness through intensive education and dissemination for the targeted groups: herders and people living in urban slums. Improvement of the management of DP regional centres is essential to providing preparedness services before disaster strikes. Disaster preparedness activities will be carried out in effective and in primary and middle level MRCS branches

Overall Goal

To enhance better disaster preparedness in the community in order to mitigate the impact of disasters, by increasing awareness and advocacy of general public, and mobilizing local resources for responding to emergencies.

Programme objective

To reduce vulnerability in times of disaster by strengthening the capacity of the MRCS; and, improving integration with local and international organisations within the framework of the disaster preparedness programme and other core activities.

Expected results

Disaster Management Programme			
Expected results	Indicators to measure results	Risks/assumptions	Activities
Better coordinated response among the relevant agencies through improved information and knowledge sharing.	No duplication in relief distributions. Disaster preparedness planning is improved in Ulaanbaatar.	Other agencies willing to undertake efforts to improve cooperation.	Organise round table discussion with participation of local and international agencies, operating in disaster management. Explore opportunities to sign co-operation contracts with relevant agencies.
Role of MRCS in initiating emergency response clarified.	Defined role of MRCS agreed by both parties. Participants' knowledge of disaster management methodologies is improved.	Government willing to participate.	Convene inter governmental agencies meeting to define MRCS obligations and role in disaster management.
Improved management and capacity in the Regional Disaster Preparedness Centres.	Improved information flow in times of emergency. Emergency response timeframe is shortened. Technical equipment and emergency relief items are available in DP Centres.	Funding is available.	Seven Regional DP Centres are provided with a map indicating disaster prone areas within that region by February 2004. Procurement of relevant communication and other equipment and stock piling for 600 families in each DP centers. Two Regional DP Centres' Governing board members meeting within the year. (63 participants). Recruitment of DP manager for each DP centre (piloting for one year); 210 volunteers are trained in six <i>aimags</i> ; and 75 First Aid Team leaders are prepared.
Former herders provided with labour	66 former herder women are employed. At least 200 former herders, former herder families provided with a job.		Establish "Yurt kindergarten" for 350 children from vulnerable families. Create labour opportunities for former herders i.e. vegetable cultivation.

<p>Increased capacity in First Aid, and psychological support among the general public.</p>	<p>Trained volunteers can operate in emergency situations.</p> <p>At least 230-250 herders were treated by the medical team.</p>		<p>Psychological support training for 60 volunteers; and, printing of 20,000 copies of psychological support brochures.</p> <p>Mobile medical group operation.</p> <p>DP competition among First Aid Teams at the regional level. (nine teams with 15 members each).</p>
<p>Disaster impact mitigated due to increased public awareness.</p>	<p>Public awareness increased, and local youth awareness is increased in 3 aimags and 2 districts.</p> <p>1,920 children are involved.</p> <p>Knowledge and ability to help others is gained by children.</p>		<p>Reading materials; journals, posters and leaflets regarding life skills, disaster preparedness are disseminated; and disaster awareness radio programmes aired.</p> <p>Videos produced for television and training about DP training, flooding, fire and marmot plague.</p> <p>“Lessons learnt” DP promotional TV programmes, and “Sparkle” youth TV competition on DP concept among students.</p> <p>DP training in children’s camp.</p>
<p>Measurable steps made in reducing vulnerability.</p>	<p>Family registration list.</p> <p>Flooding risk reduced.</p> <p>Experience shared about disaster risk mitigation.</p>	<p>Government agrees and provides land facilities.</p>	<p>Organise the movement of 72 families in coordination with Government from flood prone areas in Ulaanbaatar.</p> <p>Cleaning of dams and pipes to prevent flooding damage.</p> <p>National Youth Forum “Youth participation in DP.”</p>

3. Humanitarian Values

Background

The MRCS humanitarian values programme aims to promote and disseminate humanitarian values, the fundamental principles of the Red Cross and Red Crescent movement, information about the Red Cross emblem, activities of the International Red Cross and Red Crescent Movement to the general population; strengthen the role of the Red Cross in the society; organise dissemination campaigns aimed at developing and implementing the International Humanitarian Law; and to mobilise public support for humanitarian objectives. In Mongolia, humanitarian values programme activities are conducted using the following resources:

- mass media
- museum of the MRCS
- training and workshop for staff, volunteers and members of the MRCS
- dissemination of leaflets, handbooks and posters
- tracing

During 2003 the production of posters and music mobilised Mongolia's young rock pop singers to promote key messages. With the support of the singers MRCS is able to attract more youth to MRCS activities.

In cooperation with Mongolian National Television's "Titem" studio a 20 minute television programme "Power of Humanity" was produced and broadcast nationwide. The programme featured information about the history of the Red Cross/Red Crescent Movement and recent activities conducted by the ICRC, the Federation and the Mongolian Red Cross Society. The television programme's script was used to develop a fifteen minute radio programme that was broadcasted twice nationwide twice allowing people in remote areas without access to television to be reached.

The MRCS Youth Red Cross newsletter *Eternal Challenge* is published monthly in cooperation with the Youth/Junior volunteers and members. It is the primary source of information about Humanitarian Values for youth and children. The newsletter contains information about Youth/Junior Red Cross activities, information about different communicable diseases and other information. The newsletter has attracted an increasing number of volunteers and members. The MRCS's *Humanity* newspaper is used to disseminate information about the Red Cross Movement, to motivate volunteers and members, and to report about the society's activities to the general public. In 2004 the society will concentrate on the revision of the policy and the newspaper's scope.

The purpose of this programme is not simply to ensure that MRCS staff or volunteers, public or private authorities, or the community in general are aware of these principles and values, but to influence their behaviour. Main priorities will be:

- developing an understanding of the Fundamental Principles internally.
- raising awareness of public and private authorities.
- influencing behaviour in the community.

Successful implementation of the humanitarian values programme will enable the MRCS to: help people, gain public confidence, raise funds, and recruit volunteers.

Overall Goal

To change the general community’s behaviour through the promotion of the Movement’s fundamental principles and humanitarian values.

Project Objective

To enhance the public’s understanding of the MRCS, and strengthen fundraising activities.

In order to fulfill this objective we are planning to locate donation boxes at the biggest hotels and supermarkets of Ulaanbaatar. This activity can be completed with our internal resources and capacity. All the money collected through the donation boxes we will spend for alleviating the suffering and improving the livelihood of most vulnerable people in time of disaster or in case of emergency situations.

Expected results

Humanitarian Values Project 1: Dissemination			
Expected results	Indicators to measure results	Risks/Assumptions	Activities planned to meet results
The number of MRCS volunteers and members is increased and there is an improved knowledge and image of the society amongst the general public	<p>Mobilised active participation of population in Red Cross activities.</p> <p>3,500 copies of newspaper printed and distributed to mid and primary MRCS branches.</p> <p>1,000 copies of the annual report printed and distributed to branches and concerned organisations.</p> <p>Number of messages broadcasted.</p> <p>Improved knowledge of Movement’s 7 principles among children and youth.</p>	The programme is approved and funding is available.	<p>-Conduct ceremony/press briefings on International Red Cross Day (8 May) and MRCS Day (30 June).</p> <p>-Produced MRCS Humanity newspaper and <i>Eternal Challenge</i> newsletter on a regular basis and distributed widely</p> <p>-Produced, translate and distribute MRCS annual report (1,000 copies).</p> <p>-Establish MRCS website.</p> <p>-Broadcast messages on national television.</p> <p>-Dissemination of seven principles through printing posters. (1,000 copies for each poster)</p> <p>-Renovation of the Red Cross Museum.</p>
Improved knowledge and skills of 500 Junior Red Cross (JRC) group leaders and teacher sponsors.	<p>Improvement in the functioning of 15 JRC groups and developed plan of action; activities of 50 JRC groups and 10 JRC groups awarded and motivated.</p> <p>200 children will be involved and motivated to participate in MRCS activities.</p> <p>Improved cooperation and mutual understanding with Red Cross Youth /JRC of other NSs.</p>	Community, youth and junior volunteers actively participate.	<p>Printing of manual for 200 teacher sponsors and JRC group leaders, followed by training on using the manual (2 times).</p> <p>Competition for the best JRC groups and leaders.</p>

Humanitarian Values Project 2: Capacity Building			
Expected results	Indicators to measure results	Risks/ Assumptions	Activities planned to meet results
Increased income to fund MRCS activities and operations.	Improved cooperation with business organisations. Increased income.	Cooperation from businesses and other organisations to use boxes.	Placement of donation boxes in the four biggest hotels and shops in Ulaanbaatar. Agreements formed with concerned organisations.
Recommendations developed for improving cooperation and integration with concerned organisations.	Developed recommendation. Number of organisations involved. Collected information about activities of other organisations.	Other humanitarian actors cooperate.	Conduct sample survey on Knowledge Attitude and Practice (KAP) among the NGOs and government organisations.

4. Organisational Development

Background

Through the internal analysis and external reviews carried out in the past two years the following weaknesses of MRCS were identified in both national and local level Red Cross.

At the mid and primary level:

- poor capacity to act independently; location and structure of the branches do not meet criteria to work independently;
- poor mobilisation of the branches and volunteers due to the lack of management and leadership to train, retain, motivate, counsel and to offer guidance;
- lack of basic materials and equipment to retain and mobilise volunteers efficiently;
- poor working environment of the staff (finance, motivation approaches, skills, knowledge and legislation etc.);
- lack of qualified and permanent MRCS staff working at local level; and
- most of the society's income is generated from the membership fees.

At headquarters level:

- lack of strategy in the past on human resource development and management;
- non-sustainable financing of the programs; and
- poor integration of the programs.

During 2003, the MRCS has focused on the revision of their strategic planning as noted in section above on Red Cross and Red Crescent priorities. A policy was drawn up based on recommendations from the Federation's review team, which visited Mongolia in the autumn of 2002, the summation of the tenth General Assembly, and three sub-regional meetings. In addition, other initiatives were taken with the aim of developing the cooperation of the MRCS and state organisations at the local level; and, the improvement in the management of mid level Red Cross branches and volunteer management.

The purpose of the MRCS's revised strategy has been to develop a sustainable and long term direction of the MRCS. One of the priority issues of the MRCS is to enhance capacity building at all levels of the structure. This will ultimately contribute to the long term development of the Society.

Key strategic objectives include:

- focus on sustainable and long term assistance rather than emergency short term assistance;
- training and upgrading all personnel;
- strengthening material capacity;
- development of sustainable financial resources; and
- ensure efficient management of the corps of volunteers.

There are thirty eight mid-level Red Cross branches, and seven hundred and twenty primary level Red Cross branches within the structure of the MRCS. In 2003, staff from MRCS headquarters participated in English language courses, training on project and strategy planning process, and one member of the staff participated in a training course of the Academy of Management.

The revised strategy prioritises the retention of trained staff and volunteers whenever possible. It also emphasises the need to improve knowledge and skills, and to ensure the integration of programmes at the local level to ensure the evolution of capacity building. In line with this objective, Red Cross volunteers were given three extensive training sessions. There other projects ongoing to improve the building of capacities. These are supported by the Netherlands Red Cross, and a project supported by the Federation's capacity building fund is being implemented which will focus on upgrading the qualifications of Red Cross staff and volunteers.

A primary concern of the MRCS is to improve the financial base of not only the MRCS headquarters but every branch of the national society. Their objective being to identify sustainable methods to ensure financial solvency, while retaining independence from headquarters' funding. In order to achieve this, income generation modalities have to be identified, and costs savings have to be found where appropriate.

Significant savings can be made by upgrading obsolete and dilapidated heating systems in the branches. This has to be seen as the principle investment of Red Cross branches. In the long term this will save costs that will be better spent elsewhere. It will also make MRCS branches more inviting for beneficiaries and volunteers to attend.

Overall Goal

To become a well-functioning national society by qualifying volunteers, formulating reliable financial resource and making branches independent.

Programme Objective

To improve working conditions for volunteers at mid-level Red Cross branches. To improve the quality of programmes and enhance capacity with the support of volunteers.

Expected results

Organisational Development			
Expected results	Indicators to measure results	Risks/ Assumptions	Activities planned to meet results
Improved skills and qualifications of MRCS staff.	Number of staff involved in training. Language and computer skills.	Continued support from the Secretariat with the Capacity Building Fund.	Training for four headquarters staff and leaders of Youth Red Cross in English language and computer courses for three months.

Activities of volunteers sustained and expanded.	Increased number of assisted beneficiaries. Level of motivation and numbers of volunteers.	Level of motivation of volunteers.	Conduct life skills training at volunteer club. Continue to support the cost for volunteer meetings, gathering and campaigns in three <i>aimags</i> .
Established and improved working condition for volunteers.	Established office space for volunteers. Report from branches.	Funding available.	Establish office space and accessories for volunteers who will work according to approved standards. Organise volunteers /pilot project in three <i>aimags</i> .
Improved income of MRCS at HQ and branch levels.	Amount of income generated. Number of people who participated.	Able to generate public interest. Market available.	Organise fundraising event nationwide in the framework of income generation / fundraising activities. Implement income generation projects to sustain activities of the volunteer clubs in 3 <i>aimag</i> branches.
Improved image of Red Cross among the public and mobilised individuals and community in humanitarian activities.	Number of people who participated.	Extent of school and university support. External support.	National JRC mass camp gathering and dissemination. Distribute uniforms for JRC volunteers. Training for youth volunteers (three <i>aimags</i>). Develop a handbook for youth leaders /2400 copies. Cultural event for young stars.

Implementation and Management

Background

In 2003, the Federation deployed a head of delegation to support the national society in developing its general programmes and organisational capacity. The head of delegation was also responsible for supporting and monitoring the implementation of the *dzud* relief operation launched in January. From the beginning of the year, the delegation was also supported by a relief coordinator and a logistics delegate who assisted the MRCS in the relief operation. This small team of delegates has been supported by two local staff.

A liaison mechanism with the ICRC, the regional delegation in Beijing and other international partners has been maintained through regular meetings and information sharing. It should also be noted that the Beijing Regional Delegation and the Regional Finance and Reporting Units in Kuala Lumpur also give significant support to the Federation's work in Mongolia.

In providing support to the MRCS, the Federation continues to apply the following approaches and principles:

- strengthening the capacity of the MRCS to develop and manage appropriate health and care and disaster management programs;
- encouraging linkages between health and care and DM programs;
- actively linking regional delegates to provide support to the programs of the MRCS;
- Promoting partnerships and networking between the MRCS and participating national societies, bilateral partners and the ICRC;

- promoting partnerships, collaboration and coordination between the MRCS, and governmental bodies and non-governmental organisations;
- promoting participatory learning approaches and the ongoing review of programs in order to capture lessons learned; and
- promoting the work and image of the MRCS, Federation and sister national societies among the donor community.

General coordination meetings are held monthly at the UNDP Office in Ulaanbaatar involving donor organisations, members of the Diplomatic Corps and the Federation. The agenda of these meetings varies from month to month, and covers a range of topics associated with the nation's development of a market economy. It periodically addresses humanitarian issues, and it is to these meetings that the MRCS, INGOs and NGOs are invited. The UNDP forum enables the Federation to keep abreast of the policy dialogue and broader economic interventions between the government of Mongolia and the major international funding institutions.

In the field of relief in Mongolia, the MRCS and Federation are recognized as key players as a result of their interventions over the past four years. Meetings are regularly held with counterpart NGOs in order to exchange views and to receive updates on trends within the country. On all occasions, the Federation's representative had the opportunity to present the role and functions of the Federation with growing emphasis on representation and advocacy, the Federation is in line to further develop this approach.

For fundraising purposes, the head of delegation along with management representatives of MRCS maintain close contacts with foreign missions and in Mongolia as well as with governmental and NGOs delegations visiting the Ulaanbaatar, Mongolia. The Federation also takes part in meetings with governmental departments, at ministerial, provincial and district levels, and attended coordination meetings with governmental departments and other non-governmental organisations.

Overall Goal

International stakeholders are increasingly supporting the initiatives of the Red Cross and Red Crescent in Mongolia for the benefit of the targeted vulnerable groups.

Programme objective

National societies' priorities were better understood by stakeholders especially by the international media, UN organisations, local and international NGOs and diplomats based in Mongolia and Beijing.

Expected Results

- Representatives from the national society have attended at least one international or regional conference on a global issue of importance to the MRCS.
- The Federation delegation has regularly attended diplomatic, UN and governmental events/functions with the view of raising the profile of the International Federation and thus laying a solid basis for support.
- National society and the Federation get support by foreign mission based in Mongolia and China in their efforts to implement programmes to improve the situation of vulnerable people in the country.

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BUDGET 2004

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.69/2004

Name: Mongolia

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	9,560	0	2,712	0	0	12,271
Clothing & textiles	732	58,578	0	0	0	0	59,310
Food	0	2,576	0	0	0	0	2,576
Seeds & plants	0	15,897	0	0	0	0	15,896
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	13,560	8,529	0	0	0	0	22,089
Teaching materials	19,357	15,323	0	5,136	0	0	39,815
Utensils & tools	0	12,824	0	0	0	0	12,824
Other relief supplies	18,306	4,407	0	50,172	0	0	72,884
SUPPLIES	51,955	127,694	0	58,020	0	0	237,669
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	37,968	0	0	0	0	37,968
Computers & telecom	0	3,851	0	0	0	0	3,851
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	0	41,819	0	0	0	0	41,819
Warehouse & Distribution	0	0	0	0	231	0	230
Transport & Vehicules	2,481	21,479	81	407	8,880	0	33,328
TRANSPORT & STORAGE	2,481	21,479	81	407	9,111	0	33,559
Programme Support	12,271	24,940	3,771	6,681	15,309	0	62,971
PROGRAMME SUPPORT	12,271	24,940	3,771	6,681	15,309	0	62,971
Personnel-delegates	0	0	0	0	144,000	0	144,000
Personnel-national staff	4,374	23,394	0	3,526	28,800	0	60,093
Consultants	0	0	678	0	0	0	678
PERSONNEL	4,374	23,394	678	3,526	172,800	0	204,771
W/shops & Training	53,690	73,206	10,665	19,391	0	0	156,952
WORKSHOPS & TRAINING	53,690	73,206	10,665	19,391	0	0	156,952
Travel & related expenses	0	434	0	0	18,000	0	18,433
Information	58,227	66,965	41,162	7,187	3,078	0	176,619
Other General costs	5,790	3,756	1,654	7,573	17,221	0	35,994
GENERAL EXPENSES	64,017	71,155	42,816	14,760	38,299	0	231,048
TOTAL BUDGET:	188,788	383,687	58,011	102,785	235,519	0	968,790